

up to date and the entire work is one of those few medical texts which covers the subject with expert ease and is a joy to read. This book will undoubtedly become the classic of its field.

ALEXANDER R. MARGULIS, M.D.

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ILLUSTRATED DICTIONARY OF EPONYMIC SYNDROMES AND DISEASES AND THEIR SYNONYMS—Stanley Jablonski, National Library of Medicine. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. (19105), 1969. 355 pages, \$12.75.

Jablonski has renovated the eponymic graveyards, a task comparable to the Herculean cleansing of the Augean stables. This book is a dictionary of eponyms which have appeared in the literature at least twice, limited to those naming clinical entities, animal diseases, experimental diseases, important diagnostic signs, and pathological synonyms, along with non-eponymic descriptive names. Cross-referencing is phenomenally complete. Illustrations, often from the original paper, average one every 10 to 15 pages; I am not convinced of their value.

In his introduction, Jablonski states "for the most part definitions in this dictionary form what is hoped to be a composite picture representing viewpoints of the most current authoritative disciplines, based on systematic examination of the most current authoritative material." For the most part this is true. Down's disease, described in 1866, is noted to be characterized by an extra chromosome. However, the equally well-known deficiency of glucocerebrosidase in Gaucher's disease is not stated.

In a dictionary of this magnitude, a few errors are unavoidable. Corrigan's sign (the visibly increased amplitude of carotid pulsation in aortic regurgitation) is confused with the water-hammer pulse (which is palpable, not visible). Oddly, Duroziez's and de Musset's signs are not included. Although Prinzmetal's minor anterior chest-wall syndrome is noted, his important variant-angina is not. In Osler's ball-valve gall-stone syndrome, the presenting clue of chills and fever is lacking. Addison's disease is defined as adrenal hypofunction; it is adrenal-cortical hypofunction. A hyphen is missing and a superfluous apostrophe is appended to the entry that should be Bence-Jones protein. Erb's area, the point left of the sternum where aortic diastolic murmurs are audible, is not listed, probably justifiably, since no one knows why the neurologist's name is attached to it. This mystery seemingly might have been included, particularly when Jablonski's wit is recognized by his inclusion of Stanley's syndrome, proctalgia eponymica chronica, an equally apocryphal entry. However, these are nit-wit nit-pickings that resulted from a page-by-page skimming of this remarkably fine dictionary and should merely verify that all human creations are imperfect. Jablonski's book is far less imperfect than its predecessors. In addition it has the virtues of being bound in tough plastic, its printing is eye-saving, and the corners of the pages are rounded for durability. The hundreds of bibliographic references to the original eponym are alone worth the reasonable price. On one's bookshelf, it can save many trips to the library.

Such a remarkable dictionary could have been compiled only by a remarkable man in a remarkable position. Mr. Jablonski advanced from humble indexer to Head, Index Section, Bibliographic Services Division of the National Library of Medicine. He is neither a physician nor a medical librarian. Self-educated in great part, he learned on the job by taking pre-medical and medical courses as the need demanded. Adventure to Mr. Jablonski is not limited to eponymology. In 1963,

he bought a sailboat in Poland and sailed it solo across the Atlantic.

My only quarrel with Mr. Jablonski concerns his note appended to the introduction, "This book does not reflect my approval or disapproval of eponyms—it merely recognizes that they exist." Eponyms persist because they are useful to physicians. The eponym is a practical short-hand device—the 13-letter spelling of Weber-Christian disease is shorter than the 49-letter relapsing febrile nodular non-suppurative panniculitis. At times, the eponym serves to suspend judgment of etiology, yet still hold a symptom-complex in mind. Cushing's disease was described originally as basophilic adenoma of the pituitary. Today we appreciate that the villain is hypersecretion of the adrenal cortex. Lastly, there is a human quality about eponyms. They tell us of a man, not an institutional team. Myotonia congenita is called Thomson's disease for five valid reasons—the five patients he first described were himself and his four sons.

EDWARD SHAPIRO, M.D.

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A TEXT-BOOK OF X-RAY DIAGNOSIS (By British Authors in Six Volumes)—Fourth Edition—Volume IV: The Alimentary Tract and the Biliary Tract—Edited by S. Cochrane Shanks, C.B.E., M.D., F.R.C.P., F.F.R., Consulting Radiologist, University College Hospital, London; and Peter Kerley, C.V.O., C.B.E., M.D., F.R.C.P., F.F.R., D.M.R.E., Consulting Radiologist, Westminster Hospital and the National Heart Hospital, London. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. (19105), 1969. 584 pages, 567 illustrations, \$22.50.

In an attempt to incorporate the advances in Radiology developed in the decade since the third edition the authors have enlarged their work from four volumes to six. The gastrointestinal system which was previously combined with sections on the urinary tract and obstetrics and gynecology is now presented as a separate volume. This includes chapters on the salivary gland; pharynx and esophagus; stomach, duodenum and diaphragm; small intestine, appendix and large intestine; the alimentary tract in children; and the biliary tract.

There has been no major overhaul of the old material and rather skimpy addition of recent developments. Much of the text and illustrations are unchanged. The inadequacies of the chapter on the biliary tract are typical of those throughout the book. For instance, no new illustrations have been added in this section and much of the discussion has been taken verbatim from the third edition. Only one sentence is given to the important history of the development of cholecystography by Graham and Cole while three pages are devoted to the position and shape of the gallbladder. Several statements repeated from the earlier editions are inaccurate. Conjugated Telepaque is not re-absorbed from the bowel in significant quantities as stated on p. 522. Conjugated Telepaque is non-polar and fat insoluble. No significant hydrolysis occurs in the colon. On p. 542 the authors state that cholecystography is contraindicated in acute cholecystitis and other acute abdominal conditions. In fact, intravenous cholecystography is useful in the differential diagnosis of the acute abdomen. It has not been shown that contrast media aggravates the inflammation in acute cholecystitis as stated on p. 541. The Mercedes-Benz sign (gas in a cleft within gallstones) is not seen only in cases of acute cholecystitis as suggested on p. 532. The phenomenon is due to rearrangement of the cholesterol crystals within the calculus and is unrelated to the status of the gallbladder. The visibility of the gallbladder is not solely dependent on the power of the gallbladder to concentrate the opaque material (p. 542). Other mechanisms such as re-absorp-

tivity of the contrast media from the gallbladder wall may play a role.

Similar short comings are present throughout the book. For example, the Schatzki ring is not rare as stated on p. 73. There is little information on visceral angiography, hypotonic duodenography and transhepatic cholangiography. The discussion of esophageal physiology and the functional esophageal diseases is cursory. There is no mention of developments in radiographic equipment for fluoroscopic studies and image recording.

Finally, the quality of the reproductions of the radiographs is not satisfactory. The positive printing significantly detracts from their value and detail is frequently poor.

Even though the basic text is sound and some of the above criticisms are minor, the new edition of this once-important textbook is quite disappointing. It does not measure up to the stiff competition of contemporary works. While the book may be useful as a reference volume, it is not otherwise recommended.

ROBERT N. BERK, M.D.

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CLINICAL IMMUNOLOGY AND ALLERGY—Second Edition—Leo H. Crip, M.D., Associate Professor of Clinical Medicine Emeritus and formerly Chief of Allergy Clinic, School of Medicine, University of Pittsburgh; Director, Clinical Immunology Laboratory, Veterans Hospital; Consultant, Presbyterian-University and Montefiore Hospitals, Pittsburgh. Grune & Stratton, Inc., 381 Park Avenue South, New York, (10016), 1969. 962 pages, \$35.50.

There is probably not a physician, with the exception perhaps of the Freudian-oriented psychoanalyst, who does not utilize a knowledge of allergy in his practice. He may be the family physician who prescribes an antihistamine drug for his patient's runny nose, or the very skilled cardiac surgeon who, after performing a heart transplant, uses immunosuppressive drugs to delay, or hopefully prevent, rejection phenomena as the major complication of an otherwise successful surgical procedure. As a result, numerous texts on allergy have been published. Some, very frankly, are designed for the general practitioner who is encouraged to utilize skin tests and desensitization therapy by allergy laboratory brochures. The purpose of these books simply is to explain elementary immunological principles so as to help the practitioner understand what he is doing. Other texts discuss allergic diseases and recommend treatment in greater detail; still others are texts on abstract aspects of immunological principles and procedures that confuse the average physician more than they help. *Clinical Immunology and Allergy* is a successful attempt to combine all of these so as to remove the mysteries of immunology, reduce them to practical aspects, at the same time discussing the clinical diseases involved in hypersensitivity diseases.

Dr. Leo Crip has a long and distinguished record as a teacher, investigator, and author. His research has included such varied aspects of allergy as reactions to drugs, treatment of bronchial asthma, effect of anaphylaxis on the heart, pollen therapy with both aqueous and oil in water emulsion, headaches—the list can be endless. His first book, *Essentials of Allergy*, was published in 1945 and this is the second edition of *Clinical Immunology and Allergy*, the first appearing in 1962. He writes from personal study, observation, and experience, as well as knowledge of the literature.

Similar to the first edition, this book is extremely well organized. It is written in two parts, the first, Fundamentals of Immunology, and the second, Reactions of Hypersensitivity (in the first edition this was titled, somewhat redundantly, Reactions and Diseases of Hypersensi-

tivity). This new edition is much enlarged (877 double columned pages of text in smaller type vs. 560 pages in a single column) to include newer aspects of immunology and clinical allergy with a much more detailed and profound discussion of each. It could be labeled by the overused, hackneyed term, "a discussion in depth." The book is beautifully printed on glossy paper, and profusely illustrated, all of which, no doubt, add to the cost.

In this book there is an excellent description of the structure of antigens, the types of antibodies and methods for their detection, a thorough description of immunoglobulin, including the very important immunoglobulin E, immunological tolerance and much, much more. In the clinical portion he includes the use of corticosteroids, antihistamines, symptomatic treatment of asthma, acid-base balance, spirometry, dermatitis, autoimmune diseases. It is impossible and certainly not necessary to outline the entire book. An understatement would be that the book is encyclopedic.

Aside from the general table of contents, there is a short additional table preceding each chapter outlining the subjects to be discussed, permitting easy reading and quick reference. The bibliography at the end of each chapter gives ample references and is obviously not designed to verify his discussion of a subject, but rather to suggest additional reading. Similarly, at the end of the book there is a very complete list of standard texts. Some, I am sure, will object to Dr. Crip's apparent excess use of his own articles and books in this list. The fact remains, however, that he has had a great deal of experience and very much more to say than can be contained in one book. Dr. Crip, to his credit, is meticulous in giving credit for an illustration, a table or a graph which he is permitted to reproduce. It is rather interesting that a book recommended for additional reading is the fine pediatric allergy text by Dr. Jerome Glaser who several years ago wrote an impassioned article entitled *The Menace of Immunology in the Clinical Practice of Medicine*. His point was that there is no connection between immunology and clinical allergy. Of course, he was writing of the extremes. Certainly, giving routine allergy injections for the treatment of hay fever does not require a profound knowledge of immunological principles and obviously, Dr. Crip knows this very well, indicating this by using the adjective "clinical" as a modifier.

Unfortunately, in the list of standard texts at the end of the book, as an indication of how long it takes a text to be printed and distributed, Dr. Crip lists the 1963 edition of the very fine book on clinical aspects of immunology by Gell and Coombs when the much enhanced 1968 edition had already been in print for practically a year. There is a much enlarged chapter on routine immunization in man which I do not recall seeing in other standard allergy textbooks. The reason given for this chapter is that the allergist is frequently consulted about these procedures and therefore should know them thoroughly. Yet, I cannot see the connection between allergy, how to avoid "turista," and the recommendation of Enterovioform® and Lomotil® for the traveler. Also, two omissions in the bibliography for such a section, if indeed it is necessary, should be added. They are *Immunization Information for the Traveler* (HEW Public Health Service, Bureau of Disease Prevention and Control) and supplement to the weekly *Morbidity and Mortality: Collected Recommendations of the Public Health Service Advisory Committee on Immunization Procedures* (ACIP Recommendations). Both are published by the National Communicable Disease Center of HEW Public Health Service, Atlanta, Georgia. Many allergists utilize *intra-*